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Psychological Conditions of Parenthood Formation in IVF

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Abstract

Nowadays, assisted reproductive technologies (ART) including IVF are widely spread and highly developed. The number of people with reproductive problems, who need not only medical treatment but also psychological support, is increasing. The article considers different risk factors of psychological well-being, when IVF is used. Infertility can have deeply underlying psychological causes, which are associated with motivation of parenthood and the success of medical treatment. History of reproductive losses affects mother's behavior during pregnancy and child birth. The psychological conditions of parenthood, when ART are used, should be taken into account in order to provide the adequate support for people undergoing fertility treatment and IVF procedure.

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E.Erikson posed that one of the most precious acquirement of the middle adulthood is generativity – the willingness to bring up the next generation, which includes care, love and guidance. He considered generativity to be the integral part of the developed individual [1]. Margaret Mead believed that maternity is an inner biologically driven process, which is absolutely natural. Only severe social conditions can suppress woman's intention to become mother, loving and caring of her children [2]. M.S. Radionova cites the research by E.Badinter, who analysed the historical development of the maternal attitudes [3]. She found out the strong variability of maternal values and behavior in different historical and cultural conditions. Maternal attitudes depend on the value of children and motherhood in the society, on patterns of maternal behavior which are appreciated in the society. G.G. Filippova considers the need for motherhood to be the most complicated category of needs. A number of facts contribute to the development of maternal need: the cultural meaning of maternity,

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the value of children in the society, the family models of maternity, the individual experience etc [4]. On the one hand woman provides the satisfaction of her child needs, on the other hand she satisfies her own personal needs of communication with him, being in the intimate contact, being loving and caring and so on. So the need for motherhood provides not only biological survival, it is at the same time a very significant part of personal development. O.A. Karabanova considers motherhood to be a kind of special activity with biological and cultural preconditions [5]. E.I. Zakharova associates the willingness o bear children with the formation of mature personality [6], [7]. The ability and desire to take care of children are the signs of developed and adult personality.

There are different cultural models of the satisfaction of maternal needs. Culture can determine the age of becoming a mother, the optimum number of children, the appropriate models of upbringing. In N. V. Razina's study three groups of women belonging to different cultures (Islam, Buddhism and Christianity) were investigated [8]. All the participants of the study are residents of different Russian regions. The number of desired children among women of Islam culture is higher than among other participants. The preferred birth age is also higher than in other groups. In the Christian group the image of mother is more positive than the image of a child (opposite to the Islam group). The preferred age of motherhood is higher, but the desired number of children is lower than in two other groups. The Buddhist women tend to expand motherhood - to include other people (husband, relatives).

A.N. Leontiev describes the motive as a thing that can satisfy individual's need [9]. Motive initiates the activity – this is the first level in the activity structure. The second level is presented by more concrete goals and actions aimed at achieving them. And the third level of activity contains of the most fractional tasks and operations. Human's behavior is complicated and motivated by several motives, some of them are conscious, some are not. Leontiev singles out two kinds of motives: sense constructing motives, giving personal meaning to the activity and motives-stimuli, inciting the activity. As every kind of activity parenthood has its own hierarchy of motives, sense constructing and incentive motives, (conscious and unconscious), goals and operations.

The disruptions of parenthood activity can occur, when sense constructing motives are inadequate to the performed activity or the motives are controversial [5]. A. S. Spivakovskaya suggested three main groups of parenthood motives [10]. The first group of motives reflects the value of a child himself – the emotional contact, the attachment and the process of interaction with the child are the most important for parents. To that group of motives we can include the generativity described by E. Erikson – the willingness to pass the life experience to the next generation, the self realization in the process of upbringing.

Contemporary medicine offers a lot of opportunities for infertile parents, one of them is IVF. In vitro fertilization helps people with reproductive problems bear the genetically-related child. Ambitious and hardworking people tend to act in order to overcome the difficulties. They have a goal to bear a child and deploy the special separate activity to achieve it. After a number of reproductive failures future parents concentrate on the goal to become pregnant and save the pregnancy. There occurs the possibility of the so called motivational shift. The phenomenon of motivational shift was described by A.N. Leontev: the actions serving the achievement of the certain motive acquire their own significance and become independent from the initial motive [9]. Leontiev defines the motive as a The initial motive is realization of the parenthood needs, bringing up a child, the actions to achieve the goal are: undergo the fertility treatment, join IVF program, bear a child and give birth to him. When there is a history of reproductive failures the couple concentrates their effort on getting pregnant. Pregnancy takes the position of the motive – the activity is aimed to achieve it. Visiting the doctor, passing medical tests, undergoing the hormone therapy – are the actions to achieve the goal of pregnancy. The history of reproductive losses contributes to the generation of motivational shift. Previous reproductive failures can initiate the increasing of anxiety and fear of prenatal loss. Parents prefer concentrating on continuation of the pregnancy; they avoid making plans and dreaming about the future, trying to protect themselves from disappointment. This psychological mechanism of protection can lead to ignoring type of pregnancy experience. There is data that mothers with the history of infertility tend to show less attachment to their fetus in mid-pregnancy [11]. Mothers with ignoring type of pregnancy experience fail to adapt their way of life adequately to the changes accompanying childbearing. They tend to ignore the changes in their body, the emerging needs of the organism

and so on. Mothers belonging to this type tend to be not ready for a baby, as they haven't been preparing for taking care of him neither psychologically or materially [4]. Achieving the goal presupposes feelings of happiness and satisfaction; furthermore, pregnancy and bearing a child are traditionally pictured in the common representation as univocally happy events. But pregnancy, especially at the early gestational age, is accompanied by malaise, weakness, nausea, mood swings, etc. Besides, IVF mothers undergo intense hormone stimulation, which can induce the increased severity of the symptoms. The goal of pregnancy is achieved, but instead of boundless happiness there occur malaise, anxiety, contradictory feelings and so on. In that case woman can keep ignoring emerging difficulties, suppressing negative emotions. Instead there occur the feeling of euphoria [12], which also prevents parents from coping with problems and preparing for changes. Sometimes IVF parents insist on multiple pregnancy, increasing the chances for success, not capable of assessing the possible psychological and financial strain. There is data that parents having children conceived through IVF feel guilty of complaining about difficulties, occurring during pregnancy and bringing up a child [13]. Their dream has finally come true, but they still have negative emotions and diverse problems, which they are ashamed of. The mismatch of expectations can lead to disappointment, doubts in the own parent competence, increased anxiety. The whole process of bearing a child and bringing him up requires much psychological and physical recourses, it frequently provokes ambivalent emotions and anxiety, like every major life change. Thus, establishing pregnancy as the final motive can cause diverse difficulties in formation the parenthood position and accepting the originating and coming changes in life.

The second group of parenthood motives includes social motives: the role of parent is appreciated in the society; it promotes social appreciation and respect. The quality of upbringing is measure of social success. It is also important to match the expectations of the society – to become parents at certain age, or to have children certain time after marriage. There is some kind of social suppression when surrounding people of the same age bear children, parents and other relatives express their expectations regarding the off-springs. One of the strong parenthood motives can be the willingness to correspond to the expectations of society – about ¼ of pregnant women declare it as the leading motherhood motive [12]. The disability to equal the hopes of the family and expectations of the society can become a severe stress factor.

Among the third group motives there are instrumental motives – parenthood is aimed to satisfy other personal needs. For example, the birth of the child is expected to improve the relationships inside the family. Sometimes parents hope that their child will achieve something that they have failed to achieve. Sometimes the child birth is supposed to help people to become finally autonomous from their own parents [14], [15].

Personal activity is complicated and induced by many different motives. It is impossible to single out only one motive of behavior. When people face reproductive problems all the motives of parenthood are frustrated. For most of the fertility patients reproductive problems are unexpected and shocking. The common opinion says that to become parents the couple should only stop contraception. In the groups with equal socio-economic status, the desire to become parents can appear at the same age (when the education is completed and the basic career is built), but couples with reproductive problems manage to achieve the desired later, because of fertility treatment, possible failures etc. [11]. Most of the infertility patients are in their 30^{th}, they have been building social conditions for becoming parents. Most of them have paid much attention to their education and career; they have successfully achieved prominent positions in the society [16]. Mastering the role of parent does depend not only on our desire and hard work, the reproductive sphere is beyond the control of mature people, which can be even more frustrating [14], [17].

The ability to conceive children and bear children is a traditional notion of masculinity [18]. Woman's femininity and maturity is linked to her status of a mother [19]. Motherhood is a crucial stage in the formation of female identity [14], [20]. Reproductive problems can lead to the decreased self-esteem, feeling of sexual and personal deficiency, inspiring the willingness to bear biological children, in order to overcome the deficiency [18]. Such parenthood motive belongs to the third group, singled out by Spivakovsakaja [10], which is not quite adequate to the chosen activity of childbearing.

Infertility can have deeply underlying psychological reasons. In the research of psychological characteristics of women, undergoing the IVF program [21], the respondents completed The 16 Personality Factor Questionnaire for adults by Cattell, Spielberger's State-Trait Anxiety Questionnaire and The Luscher color test. It turned out that the 60% of patients suffered from depression, 71% had the decreased level of emotional stability, 45% demonstrated distinct rigidity, 68% of women experienced increased level of personal and situational anxiety. Women having reproductive problems tend to somatize the anxiety [22]. The respondents were divided into two groups: women in neurotic state and women with no signs of neurotic state, preventing conception. Women in neurotic state tend to ignore their psychological disturbances or expect pregnancy to change the situation positively. Women with no neurotic signs turned out to have unconscious attitude that pregnancy is means the loss of independency or presumes discord in the spouses' relationships. These attitudes originate from parental family and life experience of a woman.

The formation of motherhood starts in the early childhood and develops in the relationships with the own mother [4], [14]. Difficulties in mother-daughter relationships affect its development and can cause diverse violations. Change from childlessness to motherhood is the final stage of biological and emotional identification with mother, which refreshes mother-daughter conflicts of earlier stages of woman's development [14]. The quality of these relationships either facilitates or impedes woman's transition to the state of mother [15]. Sometimes mothers subconsciously prevent their daughters from becoming a mother, actively disapproving parenthood. Among the probable underlying reasons is the willingness to retain control over the daughter, preventing her from becoming adult and autonomous. First pregnancy is a point of no return for a woman, who now becomes a mother, which is irreversible, regardless of the pregnancy success. The birth of a child brings both mother and daughter one step closer to death, which is fearful for the future grandmother [15]. The unconscious prohibition on motherhood can affect the genesis of infertility.

Pines states that majority of infertile women in her psychoanalytical practice had complicated, conflict and frustrating relationships with their mothers [14]. The absence of the positive mother image to identify with provokes the disbelief in the woman's own ability to become good mother and the unconscious refusal from parenthood [14], [15]. In the research performed by Hamitova [20] it was shown that women with emotionally distant type of pregnancy experience report the relations with their mothers as broken, dismissed and emotionally cold. Women with anxiously ambivalent type of pregnancy experience report the relations with their mothers to be conflict, negative and dependent at the same time. At the same time women with adequate pregnancy experience have warm emotional contact with their mothers. According to the data on psychological background of women, who abandoned their children – they were deprived with parental love and affection, a great deal of these women have experienced parental abuse or grew without family in the orphanage [23], [24], [25].

So, one of the conditions for successful motherhood is the resolution of mother-daughter relationship issues. To become a mother for a woman it is very important to accept her own mother in herself, to admit the connection with her and thereby become independent [15].

There are physiological factors, which have certain impact on parenthood formation. As it was noted before, couples undergoing IVF procedure are often in advanced age. Advanced maternal age and ART (assisted reproductive technology) are associated with the increased risk of pregnancy losses, premature birth, ASD and ADHD [26], [27]. IVF is associated with increased frequency of multiple pregnancies [19]. Multiple pregnancy is more difficult to bear, it presumes preterm birth and cesarean delivery [28]. Moreover, sometimes one of the embryos dies and has to be surgically reduced, which is a severe factor of psychological distress.

Women undergoing IVF procedure receive intense hormone therapy, affecting their emotional state; increasing irritability, mood swings, and depressive symptoms [13]. This is an additional hardship for spouses' relationships.

Conclusion

There are special psychological conditions of parenthood formation, when ART have to be used. We have considered the peculiarities of motivation for parenthood, the impact of previous negative experience on

experiencing pregnancy and preparing for taking care of a child. Psychological aspects of infertility can affect the success of treatment and IVF. There are physiological factors influencing the pregnancy experience and family relationships. The characteristics of parenthood through IVF should be taken into account in psychological work with patients. It is very important to support couples, undergoing IVF procedure properly. The risk factors can be minimized during psychological work, which can increase not only the chances for successful pregnancy and child bearing but also adequate adaptation to the life changes and taking care of a baby.

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